

POSITION	ID NO.	DATE
CLASSIFIER	5	12-15-73
EXAMINER	2-4	12-17-73
TYPIST	304	12-04
VERIFIER	XFD 36	1/26/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final Original	
1 1 ✓ = 2	
2 2	
3 3	
4 4	
5 5	
6 6	
7 7	
8 8	
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10 10	
11 11	
12 12	
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16 16	
17 17	
18 18	
19 19	
20 20	
21 21	
22 22 ✓ =	
23 23 0	
24 24 ✓ =	
25 25 =	
26 26	
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30 30	
31 31	
32 32	
33 33	
34 34	
35 35	
36 36	
37 37	
38 38	
39 39	
40 40	
41 41	
42 42 =	
43 43 ✓	
44 44	
45 45	
46 46	
47 47 ✓ =	
48 48 0	
49 49 ✓ =	
50 50 J 0 =	

Claim	Date
Final Original	
49 50 ✓ = =	
50 52	
51 53	
52 54	
53 55	
54 56	
55 57	
56 58 ✓ =	
57 59	
58 60	
59 61	
60 62	
61 63	
62 64	=
63 65	=
64 66	
65 67	
66 68	
67 69	
68 70 =	
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) Canceled
- + ..... Restricted
- N ..... Non-selected
- I ..... Interference
- A ..... Appeal
- O ..... Objected